

The Use of Video as The Media to Change Mothers Behavior in The use of Antibiotics in Banguntapan I Bantul Primary Health Center

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Abstract. Mothers who act as family caregivers, especially at a time when the family members are sick often take their own initiatives in the purchase and use of drugs including antibiotics. For this issue, the majority of mothers do not know what kind of benefits and harms of antibiotics when they are taken without compliance with the usage rules. In order to change the behavior of the mother in the use of antibiotics, we need a health education. Video as a medium of health education can be used as an alternative that is quite interesting because it can stimulate the auditory and visual system to change behavior. The purpose of this study was to analyze the effect of health education with video media to changes in mother behavior in the use of antibiotics in Puskesmas Banguntapan Bantul. This study uses a pre-experimental design. The population is mothers of children aged 2-5 years old with a history of upper respiration channel infection (ISPA) in the working area of Banguntapan I Bantul Primary Health Center. Samples were selected by purposive sampling technique. Data were collected by questionnaire and analyzed using the Wilcoxon Signed Rank Test. The study says there is the effect of health education with video media to changes in mother behavior in the use of antibiotics in Banguntapan I Bantul Primary Health Center. The differences are visible from Wilcoxon Signed Test calculation which shows that the value of Z obtained at -6.045 where the value <z table -1.96 with p value (Asymp. Sig 2 tailed) of 0.000 which is less than the critical limit of 0.05 research

Keywords: Video, Mother Behavior, Antibiotics

INTRODUCTION

Mothers who act as family caregivers, especially at a time of ill family members often take their own initiatives in the purchase and use of drugs including antibiotics. At issue, the majority of mothers do not know what kind of benefits and harms of antibiotics if they are taken without compliance with the usage rules. In some cases such as pharyngitis, it can be caused by bacteria, but in the reality we often find mothers who are asking for antibiotics to the doctor in primary health center, but doctors do not prescribe antibiotics in children with upper respiratory infection because there was no indication for antibiotics. The use of antibiotics that are not in accordance with indications may cause unwanted effects, such as diarrhea, redness of the skin, and abdominal pain. The bad effects may include allergic reactions, toxicosis in renal and skin reactions are severe. In addition, antibiotics that are used not in accordance with the indications can lead to resistance to the bacteria that eventually the bacteria develop itself so it becomes difficult to treat. Although it is not known the exact reason, people often give reason that with antibiotics, the kid's can be recover from cough and cold. In addition, when the kids are taken to the health service because cough and colds. The serious impact caused by the irrational use of antibiotics makes researchers want to provide health education to change the mother's behavior in the use of antibiotics by using media such as video. Video selected for the implementation involves more senses to process information in the form of hearing and seeing moving images, thereby further boosting memory retention than through lectures involving only the sense of hearing. Health education is part of the health promotion strategy that is expected to change the behavior of individuals or groups. Good knowledge and attitudes belong to the domain of behavior, in this case the behavior convert enclosed is a behavior that can not be seen or observed, but still can be measured (Maulana 2007).

METHODOLOGY

This research used a pre-experimental design. The populations consisted of mothers of children aged 1-5 years old with a history of ISPA in Banguntapan I Bantul Primary Health Center. Samples were selected by purposive sampling technique. The independent variable is the health education with video as a medium, while the dependent variable is the mother's behavior. Data were collected by questionnaire which validity and reliability were analyzed using the Wilcoxon Signed Rank test with alpha level of ≤ 0.05 .

RESULTS AND DISCUSSION

A. Implementation Research

The research was conducted to 50 mothers who had children aged 1-5 years in the time / period that is different from the time span of approximately one month. Details of the research activities are divided into three sub-activities, the pre-test which is activities with the aim of distributing questionnaires to assess knowledge and behavior of the use of antibiotics prior to medical education, the health education with video media and leaflets about the picture of the knowledge and behavior of the antibiotics use, and the post-test with the aim to re-measure the knowledge and behavior of the use of antibiotics after health education. To determine the efficiency of the process of health education, data from questionnaires were collected and tabulated the results into excel program to facilitate the process of further analysis.

B. Analysis and Data Processing

1. Descriptive statistics

Age group of respondents in this research can be seen in the following table :

Table 1. Frequency Distribution of Respondents by Age

| Age (years old) | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------------------|-----------|--------------|---------------|-----------------------|
| 20-30 | 7 | 14.0 | 14.0 | 14.0 |
| 31-40 | 35 | 70.0 | 70.0 | 84.0 |
| 41-50 | 3 | 6.0 | 6.0 | 90.0 |
| 51-60 | 5 | 10.0 | 10.0 | 100.0 |
| Summary | 50 | 100.0 | 100.0 | |

In accordance frequency distribution above that the majority of respondents were in the age group of 31-40 years with a frequency of 35 or 70% of the total respondents. Educational background of the respondents can be classified according to the following table :

Table 2. Frequency Distribution of Strata Educational

| Educational Strata | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------------------|-----------|--------------|---------------|-----------------------|
| SMP | 12 | 24.0 | 24.0 | 24.0 |
| SMA | 32 | 64.0 | 64.0 | 88.0 |
| PT | 6 | 12.0 | 12.0 | 100.0 |
| Summary | 50 | 100.0 | 100.0 | |

The table above shows that most respondents who entered the study had high school with the number 32 and the percentage of 64%.The frequency distribution of respondents by antibiotics obtained information about visible in cross tabulation table below:

Table 3. Resource cross tabulations by Surveyed About Antibiotics That Count

| | | Resource of antibiotics information | | | | Summary |
|----------------------------|----------|-------------------------------------|--------------------|--------------|-------|---------|
| | | Mass media | Health Officers | Other People | Never | |
| Antibiotics information | Never | 0 | 0 | 0 | 26 | 26 |
| | Ever get | 9 | 13 | 2 | 0 | 24 |
| Summary | | 9 | 13 | 2 | 26 | 50 |

According to the above data, the 26 respondents who had received antibiotics known that 13 of the information they obtained from health workers in health centers, hospitals or health clinics where respondents got the treatment. In addition, nine of them obtained from the mass media such as posters at the location of health services, and the remaining two people get information from other people whether it be friends, relatives or siblings.

To determine the most descriptive value in the pre and post-tests, the research used descriptive statistical tests like shown in the following table:

Table 4. Descriptive Statistics Value Pre-test and Post – test

| | N | Mean | Std. Deviation | Minimum | Maximum |
|----------|----|-------|----------------|---------|---------|
| pre test | 50 | 23.32 | 2.428 | 20 | 28 |
| posttest | 50 | 27.84 | 1.633 | 24 | 30 |

Descriptive statistics of the table above shows the average value, standard deviation, minimum and maximum each data group (pretest and posttest). It appears that the mean or average value of post-test is 27.84 which is greater than the pretest 23.32. it means that there is the advancement of knowledge about antibiotics after health education with video media

2. Wilcoxon Statistics Test

Wilcoxon test was conducted to determine significant differences between mothers knowledge and behavior change before and after the health education. The test results conducted by researchers are as follows:

Tabel 5. Wilcoxon Ranks Test

| | N | Mean Rank | Sum of Ranks |
|--|-----------------|-----------|--------------|
| posttest - pre test value Negative Ranks | 0 ^a | .00 | .00 |
| Positive Ranks | 48 ^b | 24.50 | 1176.00 |
| Ties | 2 ^c | | |
| Total | 50 | | |

Wilcoxon Signed Rank Test results indicate negative value ranks 0 which means no post-test value lower than the pre-test. The positive value rank is 48 which indicates that there are 48 people who have higher post-test values than the pre-test. The ties values belong to 2 respondents.

Based on the results of the calculations Wilcoxon Signed Test, the value of Z which was obtained at 6.045 where the value $< z$ table with p value 1.96 (Asymp. Sig 2 tailed) of 0.000 means that it is less than the critical limit of 0.05 research so it is assumed that there is significant differences between the behavior of the use of antibiotics group pretest and post-test and concluded that there is an effect of health education using video to mothers' behavior change in the use of antibiotics Banguntapan I Bantul Primary Health Center.

CONCLUSION.

In accordance with the results of research and analysis conducted by researchers it can be concluded that there is an influence of health education using video to changes in maternal behavior in the use of antibiotics in Banguntapan I Bantul Primary Health Center which is characterized by behavioral changes before and after health education using video. The differences are visible from Wilcoxon Signed Test calculation which shows that the value of Z obtained at -6.045 where the value $< z$ table -1.96 with p value (Asymp. Sig 2 tailed) of 0.000 which is less than the critical limit of 0.05 research

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